

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>HL</i>		<i>11-11-07</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>3</i>	<i>12/17</i>
FORMALITY REVIEW	<i>D.B.</i>	<i>1137</i>	<i>12/19/01</i>
RESPONSE FORMALITY REVIEW	<i>[Signature]</i> <i>AM</i>	<i>1091</i> <i>917</i>	<i>7/28/02</i> <i>11-21-02</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

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If more than 150 claims or 10 actions  
staple additional sheet here

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